

COMMONWEALTH TRAILER RENTALS INC.

CREDIT APPLICATION - INDIVIDUAL - STORAGE

OUR TERMS ARE NET 10 DAYS

P O BOX 877 ASHLAND, VA 23005

804-798-1099

FAX# 804-752-7482

NAME _____ SSN# _____

STREET ADDRESS _____ PHONE # _____

CITY, STATE, ZIP _____ EMAIL: _____

MAILING ADDRESS (if different from above): _____ HOW LONG AT CURRENT ADDRESS?: _____

CURRENT EMPLOYER: _____ PHONE: _____ HOW LONG WITH CURRENT EMPLOYER?: _____

INTENDED USE OF EQUIPMENT: _____

REFERENCES:

BANK NAME: _____ OFFICER'S NAME: _____ PHONE: _____

ADDRESS: _____ CHECKING A/C# _____

SAVINGS A/C# _____

DELIVERY INFORMATION

EARLIEST DELIVERY TIME: _____ AM / PM

LATEST DELIVERY TIME: _____ AM / PM

ANY RESTRICTIONS? _____

CAN A TRACTOR TRAILER (45') BACK INTO LOT OR DOCK? _____

SPECIAL INSTRUCTIONS / DIRECTIONS: _____

I hereby submit this application for credit & understand that the information provided is for the purpose of obtaining credit and is warranted to be true.

I authorize **Commonwealth Trailer Rentals, Inc.** to inquire into and obtain from any bank, lending institution, credit reference, or credit reporting agency, whether listed on the Credit Application or not, any and all information relating to my creditworthiness or financial condition. It is agreed and understood that all necessary collection and legal expenses and interest may be charged to me in the event of default or failure to pay for goods and/or services sold and delivered. I further represent that I have the financial ability and willingness to pay all invoices within the NET 10 DAY terms.

BY: _____ DATE: _____

SIGNATURE

NAME: _____

PRINTED NAME